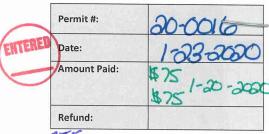
SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138



Bayfield Co. Zoning Dept.



INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

Checks are made p				1 17	IED TO A	DUICANT Out	-twell Au		BALLOT L.	AIP	1950		NO DE	uou \		
				HAVE BEEN 1550	IED TO AF	PLICANT. Orig	ginai Ap	plication	MUST be s	ubmitted	FI	LL OUT IN INK	NO PEI	NCIL)		
TYPE OF PERMIT Owner's Name:	REQUEST	TED →		LAND USE	ALC: NO PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	ITARY PRIV	/Y 🗆	CONDIT	AL USE B.O.A. OTHE							
CTD L	C					190 STH		Telephon 715-68		one: 6646 82-200						
Address of Proper			00	City/State/Zip:		2 0	1006									
24360	LUN	o Rd				MASON	, We						Cell Ph	one:		
Contractor:					Con	tractor Phone:		Plumbe	r: NA				11 10 10 10 10 10 10 10 10 10 10 10 10 1	er Phone:		
Authorized Agent:	(Person Sig	ning Appli	ication on beha	If of Owner(s))	Age	nt Phone:		Agent N	Nailing Addr	ess (include Cit	tv/State	2/7in)•	<i>M</i> A Writter			
										ess (merade en			Author Attache	ization ed No		
PROJECT LOCATION	<u>Legal</u>	Descrip	tion: (Use T	ax Statement)		Tax ID#	23	668	7		Reco	rded Document:	(Showing <u>575</u>			
_SE_1/4, _	SW 1	L/4	Gov't Lot	Lot(s)	CSM	Vol & Page	CSM D		Lot(s) #	Block #	Subo	Subdivision:				
Section 24	l , Tow	nship _	46 N, R	lange 06	_ w	Town of:	nasc	W			Lot S	ize	Acre	age 40		
	☐ Is F	roperty k or Lan	//Land withi dward side o	n 300 feet of I	River, St	ream (incl. Intermitte		Distance S	Structure is	from Shoreli	ne : feet	Is your Prope in Floodplai		Are Wetlands		
☐ Shoreland —	☐ Is F	roperty	/Land withi	n 1000 feet of		ond or Flowage yescontinue –		Distance S	Structure is	from Shoreli	ne : _ feet	Zone? Ves No		Present? Ves No		
☐ Non-Shoreland	1				3.							L NO				
Value at Time														Type of		
of Completion				Projec		Project		Total # bedroor			What Type of sewer/Sanitary System(s)					
* include donated time		Projec	t	# of Stor		Foundation		on				roperty <u>or</u>		Water		
& material								proper	ty	Will be	on th	e property?	property			
l.	☐ New	Constr	uction	☐ 1-Story		Basement	□ 1	ty		☐ City						
\$ 1,000 00	✓ Addit	Addition/Alteration				☐ Foundation		□ 2		New) Sanita				⊮Well		
1,000	Conversion Z-story					☐ Slab		⊌ 3		anitary (Exis						
	□ Run a		0 0,			Use	□ Non		aulted (min 200	Ogallon)	_					
	Prope		233 011			☐ Year Round	□ NOII	ervice contract)			1					
						□ □ None										
Existing Structu	re: (if add	ition alt	oration or hu	sinoss is boing	applied for	or) Length:			Widtl			Hatala.				
Proposed Const					аррпец п	Length:		8	Widtl		0	Height Height		12		
					of the case			c'essites.			diament.					
Proposed U	Jse	✓				Proposed Stru	u					Dimensions		Square Footage		
	-					cture on proper	rty)		(X)					
			Residence	with Loft		shack, etc.)					(X)			
Residentia	I Use			with a Po				(X							
				with (2 nd)	Porch				(Х						
				with a De)			
☐ Commercia	al Use			with (2 nd)				(Х)						
			D. C. L.I	with Atta			e				(X		К		
				se w/ (□ sani ome (manufa		sleeping quart										
☐ Na	SMALL ENTA	ev (X		00											
☐ Municipal					1	8 x 10	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	80								
□ Accessory Building (explain) (X) □ Accessory Building Addition/Alteration (explain) (X)																
	Special Use: (explain) (X)															
			Condition	nal Use: (expl	ain)						(X				
			Other: (ex	(chpi	/						(X				
result of Bayfield Cour property at any reason	e detail and a sty relying on able time for	this inform	FAILURE TO ny accompanying fall information nation I (we) am se of inspection.	OBTAIN A PERM g information) has I (we) am (are) pro (are) providing in	IIT <u>or</u> STA been exam viding and t or with this	RTING CONSTRUCTI ined by me (us) and to to that it will be relied upo application. I (we) cons	the best on by Bay sent to co	f my (our) kn ield County i unty officials	nowledge and b in determining s charged with	elief it is true, cori whether to issue a administering coul	rect and o permit. nty ordin	I (we) further accept !	iability whice to the above	sh may be a		
Authorized Agen		V			<u> </u>		2.2.1		Parity stills c	- Francisi	_					

Attach

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _

low: Draw or Sketch your Property (regardless of what you are applying for)

Show Location of: (1) **Proposed Construction** Show / Indicate: North (N) on Plot Plan Show Location of (*): (3) (*) Driveway and (*) Frontage Road (Name Frontage Road) Show: (4) All Existing Structures on your Property (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (6)Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7)Show any (*): (*) Wetlands; or (*) Slopes over 20% CTH 596 GARACE WELL (65 1.136 326 SMALL PORCH SEWER HOLDING TANK MOITIGA BRIVE (461) 731 LUND Rd

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Fill Out in Ink - NO PENCIL

Description	Measurement			Description	Measurement		
Setback from the Centerline of Platted Road	731	Feet		Setback from the Lake (ordinary high-water mark)		Feet	
Setback from the Established Right-of-Way	1698	Feet		Setback from the River, Stream, Creek		Feet	
				Setback from the Bank or Bluff		Feet	
Setback from the North Lot Line	596	Feet					
Setback from the South Lot Line	731	Feet		Setback from Wetland		Feet	
Setback from the West Lot Line	326	Feet		20% Slope Area on the property	☐ Yes	No	
Setback from the East Lot Line	1,136	Feet		Elevation of Floodplain		Feet	
Setback to Septic Tank or Holding Tank	40	Feet		Setback to Well	45	Feet	
Setback to Drain Field	MA	Feet	193		4	,	
Setback to Privy (Portable, Composting)	NA	Feet					

other previously surveyed corner or marked by a licensed surveyor at the owner's expense

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification was page or contact a department of natural resources wetlands identification was page or contact a department of natural resources wetlands identification was page or contact a department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	TO THE PARTY OF	Sanitary Date:					
Permit Denied (Date):	Reason for Denial:	Al Barrier						
Permit #: 20 -001 (6	Permit Date: 1-23	3-2020						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recording Yes) Yes (Fused/Contigue) Yes	ous Lot(s))	Mitigation Required Mitigation Attached	□ Yes □ No □ Yes □ No	Affidavit Required				
Granted by Variance (B.O.A.) ☐ Yes → No Case #:		Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:						
		Were Property Lines Represented by Owner Was Property Surveyed Wes						
Inspection Record:		,		Zoning District (A-/) Lakes Classification ()				
Date of Inspection: 1/21/20	Inspected by:	washin da		Date of Re-Inspection:				
Condition(s): Town, Committee or Board Conditions Attac	ched? Yes No - (If	No they need to be atta	ched.)					
Signature of Inspector:	contracted UDC obtained prior to	DC permit from the inspection agency network the start of constructed and maintain setba	nust be uction if	Date of Approval: 1/21/200				
Hold For Sanitary: Hold For TBA:			: 🗆					

City, Village, State or Federal May Also Be Required

After-the-Fact

LAND USE - X
SANITARY SIGN SPECIAL CONDITIONAL -

BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	20-0016 Issued To: CTDLLC														
Location:	SE	1/4	of	SW	1/4	Section	24	Township	46	N.	Range	6	W.	Town of	Mason
Gov't Lot			L	.ot		Blo	ck	Subdivision						CSM#	

For: Residential Addition / Alteration: [1- Story; Entry (8' x 10') = 80 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction If required. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

January 23, 2020

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.

PO Box 58 Washburn, WI 54891 (715) 373-6138

Authorized Agent:

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #: 20-0017

ENTER Pate: 1-23-2020

Andount Paid: \$10\$ 1-20-2020

Refund: ATF

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CO	NSTRUCTIO	N UNTIL	ALL PERMITS	HAVE BEEN ISSUED	TO APPLICANT.	Origina	al Application	MUST be subr	nitted	FILL O	JT IN INK (NO PE	NCIL)
TYPE OF PERMIT	REQUES	TED→	X	LAND USE	and the second s	PRIVY	□ CONDITI	ONAL USE City/State/	□ SPECIA	L USE	B.O.A. [OTHE	R
Owner's Name:					Mailing Addres	B06	Telephone: 715-682-6646						
Address of Proper 24360		o Rd			City/State	WI 5		Cell Phone:		one:			
Contractor:	(SELF	PERFO	ened)		Contractor Pho		Plumber					Plumbe	er Phone:
Authorized Agent:				alf of Owner(s))	Agent Phone:		Agent M	lailing Address	(include Cit	y/State/Zip)	//State/Zip): Written Authorization Attached		
PROJECT LOCATION	<u>Legal</u>	Descrip	tion: (Use 1	Tax Statement)	Tax ID# 2:	3668				Recorded 2018	Document: (Showing	□ No Ownership) 895 48
_SE_1/4, _	SW	1/4	Gov't Lot	Lot(s)	CSM Vol & Pa		SM Doc#	Lot(s) #	Block #	Subdivisio	on:		
Section 24	, Tow	nship _	46 N, I	Range <u>OG</u> V	у То	own of:	IASON			Lot Size		Acre	eage 40
	Cree			in 300 feet of Riv of Floodplain?	er, Stream (incl. I			tructure is fro	om Shorelii	ne :	s your Proper		Are Wetlands
☐ Shoreland -	□ Is	Property	/Land with	n 1000 feet of La	ke, Pond or Flov	the state of the s		tructure is fro	om Shorelii		Zone? Ves	-	Present? Ves No
☐ Non-Shoreland	d										□ No		Committee of the Commit
Value at Time of Completion				Duo!t	D		Total #			hat Type			Type of
* include donated time & material	oclude Project Project # of Storie				Proje Founda		bedroor on propert		ls on	Sanitary System(s) Water the property or on on the property? propert			
& material	⊠ New	Constr	uction	★ 1-Story	☐ Basen	nent	□ 1		nicipal/Cit	ESTABLISHED TO SHEET AND IN	орстсу.		property City
*	□ Addi	tion/Al	teration	☐ 1-Story + Loft	☐ Found	lation	w) Sanitai	ary Specify Type:			XWell		
°35,000≈	☐ Conv	ersion		☐ 2-Story	¥ Slab	itary (Exis	ts) Specify	Туре:					
		Relocate (existing bldg)							ed (min 200	gallon)	1 —		
	□ Run a		ess on		Use Voor B	24	□ Non	ervice contract)					
		City			✓ Year Round ☐ Compost Toile						et		
F 1 11 61 1	202												
Proposed Cons						ngth: ngth:	30	Width:	56	,	Height: Height:	7	
	lovotas vestas	Section 1	Medical				J.	o raciii.	90		i leight.	,	
Proposed U	Jse	1				ed Struct				Dim	ensions		Square Footage
				Structure (firs			')	(x)				
°			Resident	e (i.e. cabin, hu with Loft	nting snack, et	.c.)		(X)				
Residentia	il Use			with a Porcl	1			(X)				
				with (2 nd) Po	orch			(x)				
				with a Deck				(X)				
☐ Commerci	al Use			with (2 nd) D		-				(X)		
			D lub a	with Attach		141	, e v			(X)		×
				se w/ (sanitar					facilities)	(X)	_	
DAnnisis-1	Hee			Iome (manufacti				1	X)	-			
☐ Municipal	ose	X.		y Building (expl						120	X 56)		1.60
							in)			(X)	+ '	680
											2		
□ Special Use: (explain)													
			Other: (e					M=1		(x)	-	
					or STARTING COM	STRUCTION	I WITHOUT A DEC	DANT WALL DECK	IT IN DEALL	I.	. ,		
(are) responsible for t	the detail and	accuracy o	ny accompanyir f all information	O OBTAIN A PERMIT ng information) has bee I (we) am (are) provid n (are) providing in or v	en examined by me (using and that it will be r	s) and to the relied upon b	best of my (our) kn y Bayfield County i	owledge and belie n determining whe	f it is true, corr ther to issue a	ect and comple	further accent li	ability whi	rh may he a
property at any reaso	onable time fe	of the purpo	se of inspection								1/15		_ Jestined
(If there are Mu	ıltiple Own	ers listed	on the Deed	All Owners must	sign or letter(s) of	authoriza	tion must accor	npany this app	lication)	_	1		

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

<u>Attach</u>

Date

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 28190 STATE HICHWAY 137 ASHLAND, WI 54866

xbelow: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL (1) Show Location of: **Proposed Construction** Show / Indicate: (2) North (N) on Plot Plan (3)Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4)Show: All Existing Structures on your Property (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (6)Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7)Show any (*): (*) Wetlands; or (*) Slopes over 20% CTITE 536 NEW GARAGE 1,136 XISTINL 326 EX157 BOTH BUILDINGS 65-FROM House HOLDING S TANK HO' FROM HOUSE 791' DRIVE LUNDRA

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement			Description	Measur	ement
Setback from the Centerline of Platted Road	791	Feet		Setback from the Lake (ordinary high-water mark)		Feet
Setback from the Established Right-of-Way	758	Feet		Setback from the River, Stream, Creek		Feet
				Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	536	Feet				
Setback from the South Lot Line	79/	Feet		Setback from Wetland		Feet
Setback from the West Lot Line	326	Feet		20% Slope Area on the property	☐ Yes	×No
Setback from the East Lot Line	1,136	Feet		Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	40	Feet		Setback to Well	65	Feet
Setback to Drain Field	NA	Feet				1000
Setback to Privy (Portable, Composting)	MA	Feet				

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult

to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:								
Permit Denied (Date):	Reason for Denial:	Reason for Denial:										
Permit #20 -0017	Permit Date: 1-23-	ermit Date: 1-23-2020										
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recor	ous Lot(s)) 🗷 No	Mitigation Required Mitigation Attached		Affidavit Required								
Granted by Variance (B.O.A.) ☐ Yes ✓ No Case #:		Previously Granted by Variance (B.O.A.) ☐ Yes ~ ☐ No Case #:										
		Were Property Lines Represented by Owner Was Property Surveyed										
Inspection Record:				Zoning District () () Lakes Classification ()								
Date of Inspection: 1/21/XD	Inspected by:	7/		Date of Re-Inspection:								
Condition(s): Town, Committee or Board Conditions Atta	ched?	lo they need to be atta	ched.)									
Signature of Inspector: Hold For Sanitary: Hold For TBA:	Condition: No access for human habitatio without necessary coupressurized water sunless approved conmeet and maintain set	n / sleeping purpinty and UDC permits hall enter the build nection to POWTS. It backs.	oses s. No Iding	Date of Approval: 1/21/20								

wn, City, Village, State or Federal Permits May Also Be Required After-the-Fact

LAND USE - X
SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

20-0017 CTDLLC Issued To: No. Location: SE SW 24 Township 46 Range Mason of Section W. Town of Subdivision CSM# Gov't Lot Lot Block

For: Residential Accessory Structure: [1-Story; Garage (30' x 56') = 1,680 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

January 23, 2020

Date